Case 20-11654-pmm Doc 29 Filed 09/24/20 Entered 09/24/20 14:42:00 Desc Main Document Page 1 of 2

Fill in this information to	o identify your case:	
Debtor 1	Deshon Jamel Hopkins	
Debtor 2 (Spouse, if filing)		
United States Bankrupt	cy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	11654	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	1061	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	1: Describe Employment								
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse				
	If you have more than one job,	Employment status	■ Em	ployed	■ Employed				
	attach a separate page with information about additional	Employment status	☐ Not	t employed	☐ Not employed				
	employers.	Occupation	Maint	enance	_Administrator				
	Include part-time, seasonal, or self-employed work.	Employer's name	NYCH	łA	Morrison Management Specialists				
	Occupation may include student or homemaker, if it applies.	Employer's address		Vest 17th ST IY 10011	400 Northridge Rd Atlanta, GA 30350				
		How long employed the	here?	0 Years, 9 Months	3 Years, 0 Months				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 8,294.22 3,333.31 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 8,294.22 3,333.31

Official Form 106I Schedule I: Your Income page 1

Debte	or 1	Deshon Jamel Hopkins	-	C	ase number (if ki	nown)	20-11	654		
					For Debtor 1			Debtor 2 filing sp		
	Cop	by line 4 here	4.		\$ 8,294	4.22	\$	3,3	333.31	_
5.	List	t all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$ 2,398	3.05	\$	f	557.82	
	5b.	Mandatory contributions for retirement plans	5b).	\$ 1,33		\$		0.00	_
	5c.	Voluntary contributions for retirement plans	50			0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d			0.00	\$		0.00	_
	5e.	Insurance	5e			1.74	\$		0.00	
	5f. 5g.	Domestic support obligations Union dues	5f. 5g			6.85 3.98	\$		0.00	_
	5h.	Other deductions. Specify:		,		0.00	· —		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$ 4,45		\$		657.82	_
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.		7.	;	\$ 3,842		\$		675.49	_
8.	Lis t 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						,		_
		monthly net income.	8a	à.	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b).	\$	0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80			0.00	\$		0.00	_
	8d.	• • •	8d			0.00	\$		0.00	_
	8e.	Social Security	8e	€.	\$	0.00	\$		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.			0.00	\$		0.00	_
	8g.	Pension or retirement income	89	,		0.00	\$		0.00	_
	8h.	Other monthly income. Specify:	_ 8n	1.+	\$	0.00	+ \$		0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		0.0	0
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,842.87	+ \$	2,6	75.49	= \$	6,518.36
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,					
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	depe		. •		•	chedule 11.		0.00
		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certainlies						12.	\$	6,518.36
13.	Do	you expect an increase or decrease within the year after you file this form No.	?							ly income
	_	Yes, Explain:								

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